

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

26009

FILED JUL 31 1957

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6796	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 6 1/2 Mos.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6977 Oletha				e. STREET ADDRESS (If rural, give location) 6977 Oletha			
3. NAME OF DECEASED (Type or Print) Edward		a. (First)		b. (Middle)		c. (Last) Clamors	
4. DATE OF DEATH July 19 1957		5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Nov. 4, 1875		9. AGE (In years last birthday) 81		10. MONTHS 8		11. DAYS 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frederick Clamors		13b. MOTHER'S MAIDEN NAME Lenore Blecke		14. NAME OF HUSBAND OR WIFE Lydia Clamors			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Irene Newton			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC ARREST ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DUE TO (c) disease with II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. congestive failure				INTERVAL BETWEEN ONSET AND DEATH INSTANT 3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 42 p.o.				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I, hereby certify that I attended the deceased from 1954 , to 7/19/1957 , that I last saw the deceased alive on JUNE 10, 1957 , and that death occurred at 5:45 AM. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. Michael		(Degree or title) M.D.		23b. ADDRESS 812 Olive St. Louis		23c. DATE SIGNED 7-19-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-22-57		24c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery		24d. LOCATION (City, town, or county) (State) Des Peres, Mo.	
DATE REC'D BY LOCAL REG. JUL 22 1957		REGISTRAR'S SIGNATURE K. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home			
				ADDRESS Bellwin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *2584*

P. O. Address *Baldwin, Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.